

RECEIVED

CASE No. 4:19-cv-00470

SPM

MAY - 4 2020

BY MAIL

Dear, Clerk of the Courts

4-30-20

Please Send me any and all Subpoena forms in order to move forward in my Civil litigation, I have very Small access to information and limited resources due to the Covid19 quarantine lockdown, so I've had to file and answer motions through hand written Copy's. I hope It's Sufficient..

Thankyou...

Respectfully,

SIMON GEBREGZIABHER

REG NUM #35026044

FEDERAL MEDICAL CENTER

P.O. BOX 1600

BUTNER NC 27509

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

SIMON GEBREGZIABHER

Plaintiff,

VS.

FRANIS SLAY, et al.

Defendants.

CASE NO. 4:19-CV-00470

PLAINTIFFS' FIRST INTERROGATORIES DIRECTED TO DEFENDANTS  
MATTHEW BURLE, MARCUS BUSH, CHRISTOPHER TANNER,  
MICKEY CHRIST and PAUL PIATCHEK

COMES NOW Plaintiff Simon Gebregziabher by Pro Se, and in  
accordance with the Case Management Order and Rule 33 of Federal Rules  
of Civil Procedure, exhibit interrogatories to be answered by defendants  
Matthew Burle, Marcus Bush, Christopher Tanner, Mickey Christ and  
Paul Piathek under oath within thirty (30) days.

Interrogatories

1. Please state the name and address of the person or persons answering  
these interrogatories.

ANSWER:

2. BACKGROUND INFORMATION

Please State:

- (a) Your full Name;
- (b) Name of your Spouse and date of marriage;
- (c) Your age and date of birth;
- (d) Your Social Security number;
- (e) Your Present address;
- (f) Any other addresses at which You have lived during the past ten years;
- (g) Your previous employers' names for the past ten (10) years and the  
dates of employment there.

ANSWER:

### 3. STATEMENTS

Are you aware of any Statements made by Plaintiff Simon Gebregziabher regarding the Occurrence mentioned in the Complaint, whether oral, written or recorded in any way, including, but not limited to, a stenographic, mechanical, electrical, audio, video, motion picture, photograph, or other recording, or transcription thereof, and, if so, state the following:

- (a) Date, place, and time statement was made;
- (b) Names and addresses of all persons present at the time it was taken;
- (c) Whether the statement was oral, written, shorthand, recorded, taped, etc;
- (d) Please attach an exact copy of the original of the statement, interview, report, film, or tape to your answers to these interrogatories; if oral, please state verbatim the contents thereof;

ANSWER:

### 4. PHOTOGRAPHS, ETC.

State whether there exist photographs, videotapes, or movies with respect to the incident alleged in the Complaint or any depicting any of your allegations mentioned in the incident report. If so, state the following:

- a) Describe each photograph, video, or movie, including the date each was taken;
- b) State the name, address, employer, and job title of the person presently having control or custody of each photograph, video or movie.
- c) State the name and address of the person taking each such photo, video, or movie;

ANSWER:

### 5. EXPERTS

List and identify:

- (a) Each person the defendants expect to call as an expert witness at trial, stating for each such expert:
  - i) Name;
  - ii) Address;
  - iii) Occupation;
  - iv) Place of Employment



V) Qualifications to give an Opinion (if such information is available on an expert's Curriculum vitae defendants may attach a copy thereof in lieu of answering this Interrogatory Subpart);

(b) with respect to each expert listed, State the Subject matter on which the expert is expected to testify and the expert's hourly deposition fee.

(c) Identify each non-retained expert witness, including a party, who the defendant expects to call at trial who may provide expert witness opinion testimony by providing the expert's name, address and field of Expertise. State also any opinions the expert will testify to at trial.

ANSWER:

## (6.) WITNESSES

State the names and addresses of every person known by you, your representatives, or your attorney to have witnessed the occurrence mentioned in the petition, or who were present at the scene within ninety (90) minutes of the occurrence. Designate which of such people actually claim to have witnessed the occurrence.

ANSWER:

## (7.) WITNESS STATEMENTS

State whether or not written or recorded statements have been obtained from any persons mentioned in the answers to Interrogatory Number 6 above with regard to the facts or circumstances surrounding the occurrence mentioned in these pleadings. If so, state the name, address, and telephone number of the person presently having control or custody of such statements.

ANSWER:

## (8.) ALCOHOL, MEDICATION, ETC.

State whether defendants consumed alcoholic beverages, medication, or drugs within a 48-hour period prior to incident in question, and if so, state the names and addresses of the places where said alcoholic beverages, medications, or drugs were consumed and describe the quantity and type of drinks, medication or drugs which were consumed in said period of time.

ANSWER:

Respectfully Submitted,  
SIMON GEBREGZIABHER  
REG NUMBER 35026-044  
P.O. BOX 1600  
BUTNER NC, 27509

### CERTIFICATE OF SERVICE

I hereby Certify that on this 30<sup>th</sup> day of April 2020 the foregoing  
was mailed to: Erin K. McGowan  
1200 Market Street, Room 314  
City Hall  
St. Louis MO 63103

Simon Gebregziabher  
SIMON GEBREGZIABHER  
Plaintiff

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

SIMON GEBREGZIABHER  
Plaintiff,

VS.

FRANCIS SLAY, et al.  
Defendants.

Case NO. 4:19-cv-00470

PLAINTIFFS' FIRST REQUESTS FOR PRODUCTION  
DIRECTED TO DEFENDANTS' MATTHEW BURLE,  
MARCUS BUSH, CHRISTOPHER TANNER, MICKEY CHRIST,  
PAUL PIATCHEK

Come Now Plaintiff Simon Gebregziabher by pro se,") and in  
accordance with the Case management order Rule 34 of Federal  
Rules of Civil Procedure, requests defendants Matthew Burle,  
Marcus Bush, Christopher Tanner, Mickey Christ, and Paul Piathek  
Produce the following documents to the Plaintiff at FEDERAL MEDICAL  
CENTER, PO BOX 1600, BUTNER NC, 27509 within thirty (30) days:

1. Any Statement, including signed Statements, taped recordings, transcripts  
of conversations, notes of conversations, or similar documents relating to  
the occurrence made either by Plaintiff, defendants, employees of the  
city of St. Louis, St. Louis Metropolitan Police Department, or their representatives.

RESPONSE:

2. All statements or memoranda of statements of any person having  
knowledge concerning the facts of this case.

RESPONSE:

3. All original, unedited photographs, films or videotapes, in defendants  
possession, which show or purport to show any aspect of the occurrence  
on March 16, 2017.

RESPONSE:

4. A Copy of any and all documents used to complete the accompanying Interrogatories or identified in Your responses to Plaintiffs' Interrogatories.

RESPONSE:

5. Any and All documentations regarding psychological exams and reports on defendants.

RESPONSE:

6. Any and All Excessive force Complaints or incident reports against defendants.

RESPONSE:

7. Any and all Cell phone records from defendants the day of March 16, 2017.

RESPONSE:

8. Any Correspondence between the Plaintiff and defendants.

RESPONSE:

9. All documents provided to any person expected to be called as an expert witness at the trial of this Case.

RESPONSE:

10. All documents or reports from any person expected to be called as an expert witness at the trial of this Case.

Respectfully Submitted,  
SIMON GEBREGZIABHER  
REG NUMBER 35026-044  
FEDERAL MEDICAL CENTER  
P.O. BOX 1600  
BUTNER NC, 27509

## CERTIFICATE OF SERVICE

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Erin K. McGowan

1200 Market Street, Room 314

City Hall

St. Louis MO 63103

Simon Gebregziabher  
SIMON GEBREGZIABHER  
Plaintiff



IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

SIMON GEBREGZIABHER  
Plaintiff,

VS.

FRANCIS SLAY, et al.  
Defendants.

Case No. 4:19-CV-00470

PLAINTIFFS' FIRST REQUESTS FOR PRODUCTION DIRECTED  
TO DEFENDANTS MATTHEW BURLE, MARCUS BUSH, CHRISTOPHER  
TANNER, MICKEY CHRIST, AND PAUL PIATCHEK

Come NOW Plaintiff Simon Gebregziabher by PRO SE, and in accordance  
with the Case management order and Rule 36 of FEDERAL RULES of CIVIL  
Procedure, exhibit requests for admissions to be answered by "defendants"  
Matthew Burle, Marcus Bush, Christopher Tanner, Mickey Christ, and  
Paul Piatckek under oath within (30) Thirty days.

Requests for Admissions

1. Admit that on the afternoon of March 16, 2017 You followed plaintiff  
from west St. Louis to North County Missouri for at least a half hour  
before attempting to trap plaintiff in the car wash Stall.

RESPONSE:

2. Admit You had many chances to execute a regular traffic stop  
on the Plaintiff before surrounding him in unmarked cars in an empty  
lot of a car wash Stall.

RESPONSE:

3. Admit You never observed Plaintiff pick up witness "Tyler Hughes"  
from a small apartment Complex along Natural Bridge.

RESPONSE

4. Admit You "Christopher Tanner" (Defendant) placed Spike Strips in front of Plaintiff's Vehicle discretely, while parked in the Stall Next to his before other unmarked Cars began filling the Car wash lot.

RESPONSE:

5. Admit You Never observed Plaintiff jump from his Vehicle while it was still moving.

RESPONSE:

6. Admit You observed something thrown out the Passenger Side window.

RESPONSE:

7. Admit You witnessed Plaintiff pull his Vehicle over on the Shoulder of 170 South entrance ramp.

RESPONSE:

8. Admit You observed, seconds after Plaintiff got out of his Vehicle to flee, he was struck or ran over by an unmarked car.

RESPONSE:

9. Admit You never observed Plaintiff running with a Gun in his hand.

RESPONSE:

10. Admit Plaintiff was no threat and on the ground when he was shot by a taser.

RESPONSE:

11. Admit Plaintiff was on the ground when he was shot by "defendant" Christopher Tanner with his department issued taser.

RESPONSE:

12. Admit You either committed the act or witnessed Plaintiff's shoe being slammed on to his foot and then kicked on.

RESPONSE:

13. Admit while Plaintiff was being transferred or transported to the "ER" Hospital, You either committed the act or observed Plaintiff being questioned while threatened to be shot with a firearm pointed at his head.

RESPONSE:

14. Admit You either witnessed, or "Yourself Yelled Gun" only after Plaintiff was already detained.

RESPONSE:

15. Admit You never read plaintiff his maranda rights nor the reason he was being followed and arrested.

RESPONSE:

16. Admit You either witnessed or worked with other officers to move plaintiff's Vehicle from Its original park Spot, in order to conceal the truth and to corroborate Your Story, after plaintiff was transported to the Hospital.

RESPONSE:

17. Admit You drove "witness, Tyler Hughes" to a destination of his choosing in return for Silence about the true occurrence of the incident in question on March 16, 2017.

RESPONSE:

18. Admit You drove the witness, "Tyler Hughes" to a location he gave, then released him.

RESPONSE:

Respectfully Submitted,  
SIMON GEBREGZIABHER  
REG NUMBER 35026044  
FEDERAL MEDICAL Center  
P.O. Box 1600  
BUTNER NC, 27509

## CERTIFICATE OF SERVICE

I hereby certify that on this 30<sup>th</sup> day of April 2020 the foregoing was mailed to:

Erin K. McGowan  
1200 Market Street, Room 314  
City Hall  
St. Louis MO, 63103

  
SIMON GEBREGZIABHER  
Plaintiff



**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

Patient Name: SIMON GEBREGZIABHER

Patient Date of Birth: 08-06-1988 Patient SS#: 490-98-5726

I SIMON OGBAI GEBREGZIABHER hereby authorize:

Barnes Jewish Hospital

to disclose specific information from the records of the above-named Patient to:

The City Counselor's Office  
City of St. Louis  
City Hall, Room 314  
1200 Market St.  
St. Louis, MO 63103

Purpose of the release: Pending litigation

Specific information to be disclosed: any and all records, including all medical/hospital charts, physician, office records, inpatient or outpatient clinic records, and pharmaceutical/prescription records.

For admission dates of service: \_\_\_\_\_

Related to: inpatient or outpatient treatment

I understand that I may revoke this authorization at any time. If I want to revoke this authorization, I have to do it in writing and send it to the above specified Recipient who is authorized to receive the health information and/or to the person(s) who is authorized to disclose the health information under this authorization form. My revocation of this authorization, though, will not apply to any information that has already been disclosed before I have effectively revoked this authorization. Also, my revocation will not apply to my insurance company when the law provides my insurer the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date or event: January 3, 2021.

If I fail to specify an expiration date or event, this authorization will expire in **twelve (12) months**.

I understand that any information disclosed under this authorization to above-related Recipient might not be protected by state or federal confidentiality or privacy laws or rules and could be re-disclosed by the Recipient.

I understand that if my record contains information relating to HIV infections, AIDS, or AIDS-related conditions, alcohol abuse, drug abuse, or behavior or mental health services, this disclosure will include that information.

I also understand that authorizing the disclosure of this health information is voluntary and that I may refuse to sign this authorization. The covered entity may not condition getting treatment, making payments on bills, enrollment in a health insurance plan or eligibility for benefits on whether the individual signs the authorization, unless the federal Privacy Regulations allow it.

A photocopy of this authorization may be used in place of the original.

Simon Gebregziabher  
(Signature of Patient or Personal Representative)

4-30-20  
(Date)

SIMON GEBREGZIOBHER  
(Print name of Patient or Personal Representative)

(If signed by a Personal Representative, provide relationship and/or authority to act for Patient along with attached copies of legal documentation of that authority if the person is of legal age)

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

Patient Name: SIMON GEBREGZIABHER

Patient Date of Birth: 08-06-1988 Patient SS#: 490-98-5726

I SIMON OGBAI GEBREGZIABHER hereby authorize:

Depaul Hospital

to disclose specific information from the records of the above-named Patient to:

The City Counselor's Office  
City of St. Louis  
City Hall, Room 314  
1200 Market St.  
St. Louis, MO 63103

Purpose of the release: Pending litigation

Specific information to be disclosed: any and all records, including all medical/hospital charts, physician, office records, inpatient or outpatient clinic records, and pharmaceutical/prescription records.

For admission dates of service: \_\_\_\_\_

Related to: inpatient or outpatient treatment

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A photocopy of this authorization may be used in place of the original.

Simon Gebregziabher  
(Signature of Patient or Personal Representative)

4-30-20  
(Date)

SIMON GEBREGZIABHER  
(Print name of Patient or Personal Representative)

(If signed by a Personal Representative, provide relationship and/or authority to act for Patient along with attached copies of legal documentation of that authority if the person is of legal age)



**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

Patient Name: SIMON GEBREGZIABHER

Patient Date of Birth: 08-06-1988 Patient SS#: 490-98-5726

I SIMON OGBAI GEBREGZIABHER hereby authorize:

St. Joseph Hospital

to disclose specific information from the records of the above-named Patient to:

The City Counselor's Office  
City of St. Louis  
City Hall, Room 314  
1200 Market St.  
St. Louis, MO 63103

Purpose of the release: Pending litigation

Specific information to be disclosed: any and all records, including all medical/hospital charts, physician, office records, inpatient or outpatient clinic records, and pharmaceutical/prescription records.

For admission dates of service: \_\_\_\_\_

Related to: inpatient or outpatient treatment

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A photocopy of this authorization may be used in place of the original.

Simon Gebregziabher  
(Signature of Patient or Personal Representative)

4-30-20  
(Date)

SIMON GEBREGZIABHER  
(Print name of Patient or Personal Representative)

(If signed by a Personal Representative, provide relationship and/or authority to act for Patient along with attached copies of legal documentation of that authority if the person is of legal age)

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

Patient Name: SIMON GEBREGZIABHER

Patient Date of Birth: 08-06-1988 Patient SS#: 490-98-5726

I SIMON OGBAI GEBREGZIABHER hereby authorize:

St. Charles County Jail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to disclose specific information from the records of the above-named Patient to:

The City Counselor's Office  
City of St. Louis  
City Hall, Room 314  
1200 Market St.  
St. Louis, MO 63103

Purpose of the release: Pending litigation

Specific information to be disclosed: any and all records, including all medical/hospital charts, physician, office records, inpatient or outpatient clinic records, and pharmaceutical/prescription records.

For admission dates of service: \_\_\_\_\_

Related to: inpatient or outpatient treatment

I understand that I may revoke this authorization at any time. If I want to revoke this authorization, I have to do it in writing and send it to the above specified Recipient who is authorized to receive the health information and/or to the person(s) who is authorized to disclose the health information under this authorization form. My revocation of this authorization, though, will not apply to any information that has already been disclosed before I have effectively revoked this authorization. Also, my revocation will not apply to my insurance company when the law provides my insurer the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date or event: January 3, 2021.

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A photocopy of this authorization may be used in place of the original.

*Simon Gebregziabher*  
(Signature of Patient or Personal Representative)

4-30-20  
(Date)

SIMON GEBREGZIABHER  
(Print name of Patient or Personal Representative)

(If signed by a Personal Representative, provide relationship and/or authority to act for Patient along with attached copies of legal documentation of that authority if the person is of legal age)



IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

SIMON GEBREGZIABHER  
Plaintiff,

VS.

FRANCIS SLAY, et al.  
Defendants.

Case No. 4:19-CV-00470

PLAINTIFF SIMON GEBREGZIABHERS' ANSWERS TO  
DEFENDANTS' FIRST INTERROGATORIES

Comes Now Plaintiff by Pro Se, and in accordance with the Case management Order and rule 33 of Federal Rules of Civil Procedure, Answers to defendants' First Interrogatories with facts and knowledge to the best of my ability, under oath.

Answer to Questions of Interrogatories In the Order given

1. SIMON GEBREGZIABHER,  
Butner FMC  
Federal Medical Center  
P.O. BOX 1600  
Butner, NC 27509

2. BACKGROUND INFORMATION

(a) SIMON OGBAI GEBREGZIABHER

(b) NOT MARRIED

(c) 31, 08-06-1988

(d) 490-98-5726

(e) Butner FMC  
Federal Medical Center  
P.O. BOX 1600  
Butner NC, 27509

(F). 3540 Brown Road  
St. Louis MO, 63114

- 8031 Ellerton Ave  
St. Louis MO, 63114
- Forrest City, Arkansas (BOP)
- Pollock, LA (BOP)
- Greenville, IL (BOP)
- St. Charles County Jail - St. Charles, MO

(9) N/A

3. On March 16, 2017 between 12:30 and 1:00pm on the entrance ramp of 170 South from 70 East "Paul Piathek" said "I don't give a fuck, Fuck Your leg. You lucky we didn't kill you".

4. PHOTOGRAPHS, ETC,  
NONE AT THE MOMENT

5. EXPERTS  
NONE AT THE MOMENT

6. WITNESSES  
Tyler Hughes 9308 Guthrie, Berkeley MO, 63134

7. WITNESS STATEMENTS  
NONE AT THE MOMENT

8.

CRIMINAL RECORD

- April 2, 2018, Conviction in the UNITED STATES DISTRICT COURT for the Eastern District of MISSOURI, for Felon in possession of a Firearm and Ammunition.
- April 3, 2009, Conviction in the UNITED STATES DISTRICT COURT for the Eastern District of MISSOURI, for possession with intent to distribute CoCaine base.
- April 9, 2012, Conviction in the UNITED STATES DISTRICT COURT for the Eastern District of ARKANSAS, for possession of prohibited Object in a Federal Prison.

9.

ALCOHOL, MEDICATION, ETC.

NONE

10.

INJURIES

LEFT KNEE,  
LEFT FOOT,

(a) March 16, 2017

(b) Continuous Pain After (2) Surgeries, awaiting a Third.

11.

OTHER ILLNESSES OR INJURIES

NONE

12.

CLAIMS AND LAWSUITS

NONE

13.

AMOUNT CLAIMED

Plaintiff Seeks Compensatory damages in the total amount of \$17 million.

14.

MEDICAL CARE

- Barnes Jewish Hospital, St. Louis Missouri
- Depaul Hospital, North County Missouri
- St. Joseph Hospital, St. Charles Missouri

15.

LOST WAGES

NONE

16.

DISABILITY APPLICATION

NONE

17.

ALIASES

NONE

Respectfully  
Submitted,

SIMON GEBREGZIABHER  
Reg Number: 35026-044

Federal Medical Center  
P.O. Box 1600  
Butner NC, 27509



## CERTIFICATE OF SERVICE

I hereby Certify that on this 30<sup>th</sup> day of April 2020 the foregoing was mailed to:

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1200 Market Street, Room 314  
City Hall  
St. Louis MO, 63103

Simon Gebregziabher  
SIMON GEBREGZIABHER  
Plaintiff

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

SIMON GEBREGZIABHER,  
Plaintiff,

VS.

FRANCIS SLAY, et al.  
Defendants.

CASE NO. 4:19-CV-00470

PLAINTIFF SIMON GEBREGZIABHER RESPONSE  
TO DEFENDANTS' FIRST REQUEST FOR PRODUCTION

Comes now plaintiff Simon Gebregziabher by pro se, and in accordance with the Case management Order and rule 34 of Federal Rules of Civil Procedure, to Answer Defendants' Requests for production within (30) days:

RESPONSE TO EACH QUESTION IN THE ORDER GIVEN

(1.) NONE AT THE MOMENT

(2.) NONE AT THE MOMENT

(3.) NONE AT THE MOMENT, AWAITING COURT ORDER Subpoena

(4.) NONE AT THE MOMENT, AWAITING COURT ORDER Subpoena

(5.) NONE

(6.) NONE

(7.) NONE AT THE MOMENT

(8.) NONE AT THE MOMENT

(9) NONE

(10.) Copies of patient Authorization to Disclose Health information have been attached and Submitted.

Respectfully Submitted,  
SIMON GEBREGZIABHER  
Reg Number: 35026-044  
FEDERAL MEDICAL CENTER  
P.O. BOX 1600  
Butner NC, 27509

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City Hall  
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Plaintiff

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EASTERN DIVISION

SIMON GEBREGZIABHER  
Plaintiff,

VS.

FRANCIS SLAY, et al.  
Defendants.

CASE NO. 4:19-CV-00470

PLAINTIFF SIMON GEBREGZIABHER RESPONSE TO  
DEFENDANTS' FIRST REQUEST FOR PRODUCTION

COMES NOW plaintiff Simon Gebregziabher by Pro Se,") and in accordance with the Case management order and rule 36 of Federal Rules of Civil Procedure, to answer Defendants' Request for admissions under oath within thirty (30) days.

RESPONSE TO EACH QUESTION FOR ADMISSIONS IN  
THE ORDER GIVEN:

- (1.) TRUE, but I was driving a "FORD FREESTYLE".
- (2.) NO recollection.
- (3.) TRUE, Except for Accelerating at a high rate of Speed.
- (4.) TRUE
- (5.) TRUE
- (6.) TRUE
- (7.) TRUE

(8.) False

(9.) False

(10.) TRUE

(11.) False

(12.) TRUE

(13.) False

(14.) False

(15.) False

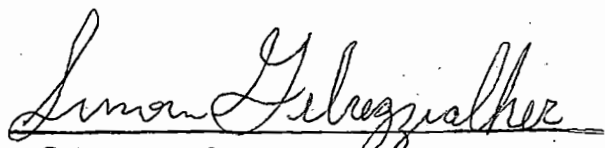
(16.) TRUE

(17.) TRUE

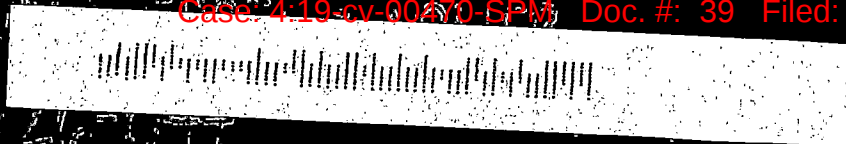
Respectfully Submitted,  
SIMON GEBREGZIABHER  
REG NUMBER 35026-044  
P.O. BOX 1600  
Butner NC, 27509

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1200 Market Street, Room 314  
City Hall  
St. Louis MO 63103

  
SIMON GEBREGZIABHER  
Plaintiff





FEDERAL MEDICAL CENTER  
P.O. BOX 1800  
BUTNER NC 27509

RECEIVED  
MAY 11 2020  
U.S. DISTRICT COURT

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
Eastern District of Missouri  
1113 Main Street  
St. Louis, Missouri 63102